CALIFORNIA
ALCOHOL AND DRUG DATA SYSTEM
(CADDS)

INSTRUCTION MANUAL

STATE OF CALIFORNIA

**DEPARTMENT OF
ALCOHOL AND DRUG PROGRAMS**

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OVERVIEW OF CADDS DATA COLLECTION

The California Alcohol and Drug Data System (CADDS) was developed by the Department of Alcohol and Drug Programs (ADP) and implemented in July 1991. CADDS is a centralized alcohol and other drug (AOD) data collection system. Data collected through CADDS identifies the types of direct AOD services provided and describes the population receiving those services. In conjunction with state and county fiscal systems, CADDS accounts for public funds administered by ADP used to support these services in California. National, state and local government agencies and the private sector access this information for planning, research and policy development.

Reporting participant data to CADDS involves collecting of information each time a participant is enrolled for alcohol and other drug (AOD) treatment services at a reporting facility. Each participant's initial admission to the facility and any subsequent transfers or changes in service type are reported on a separate CADDS Participant Record Form (PR) or a substitute county designated data form. Facilities report additional data at the time of each participant's discharge or departure from services. Providers submit CADDS PRs directly to ADP or to their county at the end of each month. PRs that you submit to your county will be forwarded to ADP.

In many counties, data is collected and processed through an electronic/computerized county data system and submitted by the county to ADP for inclusion in the statewide CADDS System.

FACILITIES THAT ARE INCLUDED IN CADDS

Community AOD treatment service providers required to report data to CADDS are identified by the type of services provided in the facility and by the type of funds allocated to support those services. Provider facilities that receive AOD treatment funding from ADP for the following services must report participant data to CADDS:

- Alcohol services that include non-residential recovery or treatment, detoxification, recovery homes, residential treatment.

- Drug treatment services that include outpatient drug-free, day care, narcotic replacement therapy including methadone maintenance and LAAM, detoxification, residential, hospitals and all licensed methadone providers, whether publicly or privately funded.

Facilities that receive funding from ADP for the services listed above must report data on all participants, regardless of the source of funding for individual participants. Facilities that receive funding from the County for SACPA treatment services must report data on all participants. Mental health centers and other facilities that occasionally serve participants who have a substance abuse problem may participate in CADDS if directed to do so by their County Drug or Alcohol Program Administrator. AOD treatment/recovery facilities that do not receive ADP funds and do not provide narcotic replacement therapy may participate with the approval of ADP or at the request of the County AOD Program Administrator.

FACILITIES THAT ARE <u>NOT</u> INCLUDED IN CADDS

- Facilities that provide AOD treatment services other than those listed above, i.e., education and prevention activities or referral and crisis intervention

- Drinking Driver Programs

- Neighborhood Recovery Drop-In Centers

PARTICIPANTS THAT ARE INCLUDED IN CADDS REPORTING

Participant must meet all of the following criteria before a CADDS Participant Record Form is completed:

- Has completed all screening and admission procedures.

- Has an alcohol or drug-related problem, or is receiving services as a Codependent/Significant Other (see page 6 for a definition).

- Has been formally admitted for treatment or recovery services to an alcohol/drug program facility.

- Has his/her own participant or client file.

- Is expected to participate in an ongoing program according to an individual treatment or recovery plan and has given his/her consent for treatment, if applicable.

PERSONS THAT ARE <u>NOT</u> INCLUDED IN CADDS REPORTING

Do not report data on CADDS for individuals to whom any of the following conditions apply:

- Has completed a screening and/or intake process and no action has been taken to admit the client;

- Has been placed on a waiting list and no action has been taken;

- Has received intervention or prevention services only;

- Has received crisis counseling services only;

- Has been admitted into a Drinking Driver Program and is not receiving any other AOD services;

- Is a program alumni who is continuing involvement with the program; or

- Is attending self-help group meetings with no other AOD services.

PROVIDER / FACILITY RESPONSIBILITIES

- Review and edit all CADDS forms for accuracy and legibility before submission to ADP.

- Submit CADDS admission and discharge information and PSR forms by the required date.

- Maintain an adequate supply of CADDS forms at the facility, allowing 2 weeks for delivery of more forms.

- Assign one staff member as the CADDS liaison to ADP. Where possible, one backup contact is a good idea to help ensure timely submission of CADDS reports.

- Assure CADDS liaison or backup contact is always available to respond to ADP needs to verify data submitted.

- Report changes within the program to ADP on a timely basis. This includes facility name, address, director, CADDS liaison, or types of services provided.

For providers reporting directly to ADP via hardcopy, monthly CADDS admissions, discharges, and Provider Summary Reports (PSR) must be submitted to ADP postmarked by the 7th of the month following the report month. For example: July 2002 CADDS reports are due postmarked by August 7, 2002.

➡️ ➡️**NOTE:**   The county determines submission timeframes for providers submitting CADDS data electronically through their county.

PARTICIPANT CONFIDENTIALITY

Providers must protect the confidentiality of participant records and information in accordance with Title 42, Section 2.1 -2.67(l), Code of Federal Regulations (CFR) and, when ADP funds are used, Health and Safety Code, Section 11812(c). A copy of the Federal Regulations can be obtained from:

> Superintendent of Documents
> U. S. Government Printing Office
> Washington, D.C. 20402

Facilities can also obtain this information by accessing ADP's website at:

> http://www.adp.ca.gov
>
> or
>
> http://www.adp.cahwnet.gov

CADDS ADMISSION PARTICIPANT RECORD FORM INSTRUCTIONS

ITEM 1
PROVIDER ID

ADP coordinates and controls the assignment of all Provider Identification Numbers (ID). An ID is assigned for each facility location. All CADDS documents must contain the ID.

The Provider ID is separated into program type, county and facility ID.

Program Type: Enter the Program Type code assigned by ADP (i.e.: A, C, D).

County: Enter the 2-digit county code assigned to your facility. This code represents the county where your facility is physically located.

Facility ID: Enter the 4-digit provider identification number assigned by ADP.

➪➪NOTE: Separate provider identification numbers are not assigned to satellite facilities or medication units. A satellite facility is defined as follows:

- Is operated at a location that is different from the parent provider;

- Is administratively supervised by the parent provider;

- Is open less than 20 hours per week;

- Does not maintain permanent staffing for treatment or recovery services; and

- Does not maintain participant files at the facility.

A medication unit is a facility that is licensed to dispense methadone to maintenance patients, who otherwise would have difficulty traveling to the parent provider location. This unit is under the supervision of a parent provider (see California Code of Regulations, Title 9, Article 3, Section 10022).

ITEM 2
FORM SERIAL NUMBER

ADP preprints the Form Serial Number (FSN) on each CADDS Participant Record form. This unique number is used to match admission and discharge records for the same participant and to match correction or deletion transactions with their original records.

➪➪NOTE: Counties using an electronic system may generate this FSN using a block of numbers assigned by ADP.

ITEM 3
UNIQUE PARTICIPANT IDENTIFIER (UPI)

Enter, in capital letters, the first letter of the participant's last name and the first letter of the participant's first name.

Enter the gender of the participant. Enter 1 for male and 2 for female.

Enter the birth date for the participant as MMDDYY, i.e., January 1, 1975 is entered as 010175.

ITEM 4
PROVIDER'S PARTICIPANT ID

Provider's participant ID is optional. A provider's participant ID is entered when a county or provider uses its own system of unique numbers to identify participants. Use only capital letters and/or numbers and left-justify the entry. If a county or provider chooses to use this item, an ID should be entered for all participants.

ITEM 5
CODEPENDENT/SIGNIFICANT OTHER

Submission of CADDS data for Codependents/Significant Others is at the option of the county. After a person has been admitted under CADDS as a Codependent/Significant Other, it may become evident that the individual has a problem with drugs or alcohol. If this occurs, and the individual's status changes, a new CADDS Participant Record Form must be submitted, indicating that the participant is not a Codependent/Significant Other (Item 5 is 2=No).
➪➪**NOTE:** Discharge data is not submitted for Codependents/Significant Others.

Enter 1 if the participant is a Codependent/Significant Other and complete items 1 through 16. Enter 2 if the participant is not a Codependent/Significant Other and complete the remainder of the form.

A Codependent/Significant Other is a person who meets all of the following criteria:

- Is seeking services because of problems arising from his/her relationship (e.g., parent, child, spouse or roommate) with someone who has an alcohol or drug problem;

- Has been formally admitted for services in this facility;

- Has his/her own service record or has a record within a primary participant record; and

- Does not have problems arising from his/her own consumption of alcohol or drugs.

ITEM 6
RACE

Following federal policy consistent with the U.S. Census, "Race" and "Ethnicity" are two separate data items. The two items are not necessarily linked. Information for race and ethnicity should be based on self-identification. Enter one of the following codes to identify the participant's racial background. If of mixed background, select the code for the group with which the participant most closely identifies.

Codes

01 White – A Caucasian person having ancestry among the people of Europe, North Africa (Egypt, Morocco, etc.), or the Middle East (Iran, Arabia, Lebanon, etc.).

02 Black/African-American – A person whose ancestry is among the Black racial groups of sub-Saharan Africa.

03 American Indian – A person descended from any of the original peoples of North America (other than Alaska) who maintains cultural identification through tribal affiliation or community recognition.

04 Alaskan Native – A person descended from any of the original people of Alaska (Aleut, Eskimo, Indian, etc.).

Asians and Pacific Islanders – people with origins in any of the original people of the Far East, the Indian subcontinent, Southeast Asia, or the Pacific Islands are broken down (according to state law) into the following categories:

05 Asian Indian
06 Cambodian
07 Chinese
08 Filipino
09 Guamanian
10 Hawaiian
11 Japanese
12 Korean
13 Laotian
14 Samoan
15 Vietnamese
16 Other Asian
17 Other Race – This category is for use in instances in which the individual is not classified above or whose racial group, because of area custom, is regarded as a category distinct from those above.

ITEM 7
ETHNICITY

Enter one of the following codes that best describe the participant's Hispanic background. If not of Hispanic background, enter "1" for "Not Hispanic."

Codes

1 Not Hispanic
2 Mexican/Mexican American – Of Mexican origin regardless of race.
3 Cuban – Of Cuban origin regardless of race.
4 Puerto Rican – Of Puerto Rican origin regardless of race.
5 Other Hispanic/Latino – Of Central or South America or any other Spanish culture origin (including Spain) regardless of race.

ITEM 8
EMPLOYMENT STATUS

Enter the participant's current employment (labor force) status using the following codes:

Codes

1   Employed Full Time (35 or more hours/week) – The participant is legally employed; includes those who are self-employed and members of the armed services. This individual is regularly working 35 or more hours per week.

2   Employed Part Time (more than 5 hours and less than 35 hours/week) – The participant is legally employed (includes self-employed) and regularly working from 5 to 34 hours per week. Does not include participants who regularly work less than five hours per week.

3   Unemployed, looking for work – The participant is not employed and has been actively seeking employment within the last 30 days. It also includes participants who are on temporary layoff and those who are waiting the starting date of a new job. A person must be available for work in order to be considered unemployed.

4   Not in the labor force (not seeking employment) – The participant is not employed and has not been seeking work in the last 30 days. This category includes participants who are unemployable. Persons in this category are not considered a part of the labor force, because they are not actively seeking work and/or are not available for work.

ITEM 9
HIGHEST SCHOOL GRADE COMPLETED

Enter two digits to indicate the highest school grade the participant has completed at the time of admission. Enter 12 for a person who has earned a high school equivalency degree (GED). Enter 14 for an associate degree, 16 for a bachelor's degree, 18 for a master's degree and 20 for a Ph.D. or beyond.

ITEM 10
PRINCIPAL SOURCE OF REFERRAL

Enter one of the following codes to identify the source of referral that resulted in the participant entering treatment or recovery services.

Codes

01   Individual: includes self-referral, family member or friend

02   Alcohol/Drug Abuse Care Program: any program whose activities are primarily related to alcohol or drug abuse prevention, education, or recovery services

03   Other Health Care Provider: physicians, psychiatrists or other licensed health care or mental health professionals, general hospitals, psychiatric hospitals, mental health programs, and nursing homes

04 School: school principals, counselors, teachers, a student assistance program, or any other educational agency

05 Employer/EAP: a supervisor, personnel officer, employee counselor, or an agent of an Employee Assistance Program (EAP)

06 Non-SACPA Court/Criminal Justice: any police official, judge, prosecutor, probation or parole officer, or other person affiliated with a federal, state, or county judicial system other than referrals funded by the Substance Abuse Crime and Prevention Act (SACPA)

07 12 Step Mutual Aid: programs such as Alcoholics Anonymous, or Al-Anon

08 Community Referral: community and religious organizations or any agency that provides services in areas such as poverty relief, unemployment, shelter, or social welfare. Defense attorneys are included in this category. A referral from Child Protective Services would also be included in this category, unless there is a court order directing the participant to enter an alcohol or drug recovery program

09 SACPA Court/Probation: any SACPA funded referral from the court or probation system

10 SACPA Parole: any SACPA funded referral from the parole system

ITEM 11
IS THIS PERSON CURRENTLY PREGNANT?

Enter 1 if the participant knows that she is pregnant at the time of admission. Enter 2 if the participant is not pregnant at the time of admission OR does not know she is pregnant, OR if the participant is male.

ITEM 12
LEGAL STATUS

Enter one of the following codes to indicate the participant's status with the criminal justice system at the time of admission:

Codes

1 Not applicable
2 Under parole supervision by CDC (California Department of Corrections)
3 On parole from any other jurisdiction
4 On probation from any federal, state, or local jurisdiction
5 Admitted under diversion from any court under California Penal Code, Section 1000 (PC 1000), an individual may be diverted from prosecution to an alcohol or drug program by the court system
6 Incarcerated

ITEM 13
DISABILITY IMPAIRMENT

Enter one of the following codes to identify up to three different impairments that could impact the delivery of services to this participant. Enter none if a disability is not identified and move to item 14. If there is only one disability enter that disability and move to item 14.

Codes

1	None
2	Visual
3	Hearing
4	Speech
5	Mobility
6	Mental
7	Developmentally Disabled
8	Other Disability (does not include alcoholism or drug addiction)

ITEM 14
DATE OF ADMISSION

Enter the date (MMDDYY) the participant actually began receiving direct treatment/recovery services in this facility. Individuals who have only been screened, placed on a waiting list, or referred to another facility are not considered to have been formally admitted. All screening, intake, and assessment processes must be completed. In addition, all of the following must have occurred:

- The provider has determined that the participant meets the program's admission criteria;

- If applicable, the participant has given consent for treatment/recovery services;

- An individual treatment or recovery plan has been started;

- A participant or client file has been opened;

- The participant has received his/her first direct recovery service in this facility, and is expected to continue participating in program activities; and

- If in a methadone program, the client has received his/her first dose

ITEM 15
TRANSACTION TYPE

Enter 1 for initial admission and 2 for transfer/change in service.

If a participant is beginning a new recovery service episode insert 1 as this is to be coded as an initial admission. If there is a transfer or change of service within a continuing episode enter the code as 2 for transfer/change in service. This includes a change of service type within the same provider/facility.

An episode is defined as a continuous period of planned treatment/recovery service. An episode may span different types of services or different providers, as long as there is no unplanned break in service. A planned break might include waiting for a slot to open to enter a different facility or to begin a new type of service.

ITEM 16
TYPE OF SERVICE

Codes 1 through 7 define the type of service being provided to the participant by the provider facility. The type of service will be non-residential/outpatient or residential. Enter codes 1 through 3 for non-residential/outpatient services and codes 4 through 7 for residential services.

Non-residential/Outpatient

A non-residential/outpatient program is one where participants return to their own homes at night.

Code 1 Treatment/Recovery:

Treatment/recovery is a service that is designed to promote and maintain recovery from alcohol or drug problems. In addition to individual and group sessions, services may also include educational sessions, recovery planning, counseling or psychotherapy, health screening, medical services, social and recreational activities, and information about and referral to appropriate community services. Outpatient drug free programs and methadone maintenance programs are also included in this service category.

Code 2 Day Program-Intensive:

Day program-intensive services are services provided to drug abuse clients under the Medi-Cal "Day Care Habilitative" category; an intensive outpatient program in which participants receive services at least two or more hours per day, three or more days per week. Included in this category are programs that provide services throughout the day where participation is stipulated by a minimum attendance schedule of at least ten hours per week and participants may have regularly assigned and supervised work functions.

Code 3 Detoxification:

Detoxification is a service designed to support and assist participants undergoing a period of planned withdrawal from alcohol or drug dependence, and to explore plans for continued service. This may include administering prescribed medication. Outpatient methadone detoxification is included in this service category.

Residential

A residential program is one where participants reside in the program facility on a 24-hour per day basis, receiving food and shelter as part of the treatment/recovery service.

Code 4 Detoxification (hospital):

Detoxification (hospital) is defined as services provided in a licensed hospital, in which participants are hospitalized primarily for medical support during a period of planned withdrawal from alcohol or drug dependence

<u>Code 5</u> <u>Detoxification (non-hospital)</u>:

Detoxification (non-hospital) services are defined as those services provided in a residential facility that are designed to support and assist the participant during a period of planned withdrawal from alcohol or drug dependence. Medication may or may not be administered.

<u>Code 6</u> <u>Treatment/Recovery (30 days or less)</u>:

Treatment or recovery services are services provided in a licensed residential facility. The facility's program is designed for participation for a period of 30 days or less.

<u>Code 7</u> <u>Treatment/Recovery (31 days or more)</u>:

Treatment or recovery services are services provided in a licensed residential facility. The facility's program is designed for participation for a period of 31 days or more.

⇨ ⇨ ⇨NOTE: IF THIS RECORD IS FOR A CODEPENDENT DO NOT FILL OUT ITEMS 17-23.

ITEM 17
MEDICATION PRESCRIBED

Enter the code that specifies any medication that will be prescribed for the participant as part of the recovery plan. The purpose of these codes is to indicate if medication prescribed by your program is an integral part of the alcohol/drug abuse treatment/recovery service.

Codes

1	None
2	Methadone and/or LAAM
3	Other (this may include medication prescribed to alleviate symptoms of withdrawal).

Do not enter medication that is being administered or taken for physical or psychiatric conditions that are unrelated to recovery from substance abuse. This includes medication prescribed by a physician affiliated with the program.

ITEM 18
NUMBER OF PRIOR EPISODES

Enter 0-9 to indicate the number of previous episodes the participant has had in any drug or alcohol program (including this one). Enter 9 if the participant has had 9 or more prior episodes.

Transfers or changes in service are not to be counted as separate prior episodes.

ITEM 19
ALCOHOL/DRUG PROBLEM

Using the codes listed below, enter the participant's alcohol/drug problems at admission.

Primary:

      Enter the code for the substance that has been determined to cause the greatest dysfunction to the participant. If there is only one problem, it is automatically primary. Code 22 "None" is not an acceptable response for the primary problem.

Secondary:

      Enter the code for the substance that has been determined to cause the second greatest dysfunction to the participant. If there is no secondary alcohol/drug problem, enter 22 for none.

Tertiary:

      Enter the code for the substance that has been determined to cause the third greatest dysfunction to the participant. If there is no tertiary alcohol/drug problem, enter 22 for none.

Do not enter the same code more than once. The exception to this is when there is no secondary or tertiary problem. In these instances, code 22 should be entered in each section.

<u>Codes</u>:

01	Heroin
02	Alcohol
03	Barbiturates: Phenobarbital, Seconal, Nembutal, etc
04	Other Sedatives or Hypnotics: Chloral hydrate, Placidyl, Doriden, etc
05	Methamphetamines
06	Other Amphetamines: Benzedrine, Dexedrine, Preludin, Ritalin, and any other amines
07	Other Stimulants
08	Cocaine/Crack
09	Marijuana/Hashish: THC
10	PCP
11	Other Hallucinogens: LSD, DMT, STP, mescaline, psilocybin, peyote, etc
12	Tranquilizers (Benzodiazepine): Diazepam, Flurazepam, Chlordiazeposice, Clorazepate, Lorazepam, Alprazolam, Oxazepam, Temazepam, Prazepam, Riazolam, Clonazepam, and Halazepam
13	Other Tranquilizers
14	Non-Prescription Methadone
15	Other Opiates and Synthetics: codeine, Dilaudid, morphine, Demerol, opium, and any other drug with morphine-like effects
16	Inhalants: ether, glue, chloroform, nitrous oxide, gasoline, paint thinner, etc.
17	Over the counter: cough syrup, Sominex, and any other legally obtained, non-prescription medication
21	Other: write in the type of drug
22	None

NOTE: The use of methadone that is obtained by legal prescription and used as prescribed is not to be considered a drug problem. Nicotine and/or caffeine are not to be identified as an alcohol or drug problem.

ITEM 20
USUAL ROUTE OF ADMINISTRATION

Primary:

Enter a code that specifies how the participant usually administers the substance identified under primary alcohol/drug problem in item 19.

Secondary:

Enter a code that specifies the route of administration of the substance entered as the Secondary Alcohol/Drug Problem in item 19. If the secondary alcohol/drug problem is none (22), leave this box blank.

Code

1   Oral: ingested by mouth
2   Smoking: absorbed through the lungs and respiratory system by way of the mouth
3   Inhalation: absorbed through the lungs and respiratory system by way of the nose or mouth
4   Injection: intravenous (IV) or intramuscular; administered by needle into the veins or muscles or under the skin
5   Other: the usual route of administration is unknown or does not fall under any of the first four codes Examples of other routes of administration would include topical application with absorption through the skin and use of anal suppositories.

ITEM 21
FREQUENCY OF USE

Primary:

Enter the code which best describes how frequently the participant used the substance identified under primary alcohol/drug problem (in item 19) during the month prior to admission.

Secondary:

Enter the code that best describes the frequency of use during the past month of the substance listed as the secondary alcohol/drug problem (in item 19). If the secondary alcohol/drug problem is 22 (none), leave this box blank.

Code

1   No past month use
2   1-3 times in past month
3   1-2 times per week
4   3-6 times per week
5   Daily

ITEM 22
AGE OF FIRST USE OR ALCOHOL INTOXICATION

Primary:

Enter the age of the participant when he/she first used the substance identified under primary alcohol/drug problem in item 19. If the primary alcohol/drug problem is alcohol, enter the participant's age when he/she first became intoxicated. The age of first use must be at least five to be considered a voluntary use of the substance.

Secondary:

Enter the age of the participant when he/she first used the substance identified under secondary alcohol/drug problem in item 19. If the secondary alcohol/drug problem is alcohol, enter the participant's age at first intoxication. If the secondary alcohol/drug problem is none (22), leave this box blank.

ITEM 23
HAS THIS PARTICIPANT USED NEEDLES DURING THE PAST 12 MONTHS?

Enter 1 for yes or 2 for no. This question relates to the illicit use of needles to administer any drug. Legitimate medical use alone would not apply.

If the response to admission Item 20 (Usual Route of Administration) is code 4 (Injection), and Item 21 (Frequency of Use) is coded other than 1, the answer to this question must be 1 - yes.

ITEM 24
SPECIAL SERVICES/CONTRACT

Leave these boxes blank unless you have been instructed to use a "special services/contract" code. Use of this item will be initiated between ADP and the affected county and provider on an as needed basis.

This item is designated for use when the Provider ID alone is insufficient for the purpose of tying participants to funds allocated. ADP will assign codes when it is necessary to identify services provided under special arrangements. One example of such arrangements would be when a county purchases services (e.g., bed days) from a provider located in a different county.

The following three data items may be collected at the county's discretion or at the request of the State.

ITEM 25
HAS THIS PARTICIPANT EVER BEEN DIAGNOSED AS ALSO HAVING CHRONIC MENTAL ILLNESS?

Enter 1 if this participant has ever been diagnosed as having chronic mental illness (in addition to alcohol/drug problems). Enter 2 if they have not been diagnosed as having a chronic mental illness.

ITEM 26
IS THIS PARTICIPANT HOMELESS?

Enter 1 if the participant is homeless. Enter 2 if the participant is not homeless. A homeless person is defined as one who lacks financial resources or community ties needed to provide for his/her own adequate shelter. Homeless persons live in public and private emergency shelter, in the streets, under bridges, in subways, bus terminals, airports, railroad stations, parks, and abandoned buildings: or in temporary voucher motels, hotels or apartments; or in jails or hospitals which they enter with the underlying purpose of seeking shelter.

ITEM 27
ZIP CODE OF PARTICIPANT'S CURRENT RESIDENCE

Identify the participant's current residential area ZIP code. Do not use the provider's ZIP code. Leave this item blank if the participant is homeless.

CODED REMARKS

CADDS was designed to collect only the minimum essential participant data in order to conserve the time and resources of program providers. However, the Coded Remarks section gives CADDS the flexibility to collect additional information needed by counties and to gather data for statewide special studies, when necessary. Boxes 1 through 23 are reserved for statewide studies, and boxes 24 through 46 are available for county use, with approval from ADP. Do not write in the Coded Remarks section unless you have been directed to do so by ADP or by your County Drug or Alcohol Program Administrator.

The following is a summary of the additional data items that must be reported in the Coded Remarks Section at the bottom of the CADDS Participant Record Admission or Discharge form. Use capital letters when filling in Coded Remarks Boxes.

California Department of Corrections (CDC) Parolee Projects

Boxes 1-6:

Providers who receive CDC funding for treatment and recovery services under the Parolee Services Network (PSN) or the Female Offenders Treatment Project (FOTP) will designate these participants by recording the parolee's CDC identification number in Coded Remarks Boxes 1 through 6 on the CADDS admission form. The CDC identification number is a six-digit number assigned at the time an individual enters a state correctional system; this is given to the provider by the agencies responsible for the referral and placement of parolees.

Box 7:

Enter W in coded remark box 7 to designate parolees receiving services under the Female Offender Treatment Project (FOTP).

Box 8:

Enter 1, 2 or 3 in box 8 for priority status of women being admitted in the Female Offender Treatment Project.

Perinatal Services Network (PSN) – Admission

Boxes 15 and 16:

Enter a P in box 15 and an X in box 16 for all Perinatal Services Network (PSN) participants who are admitted for perinatal recovery and treatment services.

Perinatal Services Network (PSN) – **Discharge**

Box 18**:**

Enter one of the following codes for frequency of use at discharge for all perinatal participants. These frequency of use codes are the same as those used for the corresponding admission item. The "frequency of use" at discharge refers to usage of any and all of the substances reported as problems at discharge. If a participant was at the treatment/recovery program for less than 30 days, the frequency reported at discharge should cover only the time she was in the program. This information should be gathered at the last face-to-face session with the participant.

Codes

1 No past month use
2 1-3 times in past month
3 1-2 times per week
4 3-6 times per week
5 Daily

Medi-Cal Beneficiaries – Admission

Box 17:

Enter "Y" if the participant is a Medi-Cal beneficiary and "N" if the participant is not a Medi-Cal beneficiary. This information must be reported for all admissions, whether or not the provider is Medi-Cal certified, and regardless if Medi-Cal covers the services for which the person is being admitted.

CalWORKS Recipients – Admission

Box 22:

Enter "Y" if the participant is a CalWORKS recipient and "N" if the participant is not a CalWORKS recipient. This information must be reported for all admissions.

Box 23**:**

It is necessary to complete this box for all participants admitted to your treatment/recovery program. Enter "Y" if substance abuse treatment is part of this CalWORKS recipient's Welfare-to-Work Plan. Enter "N" if substance abuse is not part of the CalWORKS recipient's Welfare-to-Work Plan.
➪ ➪ **NOTE:** IF THE RESPONSE IN BOX 22 IS "N" THE RESPONSE IN BOX 23 MUST BE "N".

CADDS DISCHARGE PARTICIPANT
RECORD FORM INSTRUCTIONS

The discharge form varies slightly from the admission form. The discharge form contains an area for discharge information in Items 28 through 32.

Discharge information is collected and entered as soon as it is known that the participant is no longer active in this facility's program, or when there is a change in the type of service being provided to the client.

➡ **Do not report discharge information for persons participating as Codependents/Significant Others.**

Instructions for completing the discharge information are as follows:

ITEM 28
DATE OF DISCHARGE

Enter the date of discharge as MMDDYY. July 15, 2002 would be entered as 07-15-02.

The date of discharge is the date of the participant's last direct recovery service at this facility. Telephone contacts are not considered a direct service.
➡➡ **For NTP clients only:** The discharge date should be considered the last billable service treatment date, which includes the last day for which clients receive take-home medication dosages.

For all others, a participant is no longer active when one of the following applies:

- It is known that the participant will not be continuing in recovery services because they have completed the program;

- The participant has stated their intention to discontinue program participation;

- The participant has been incarcerated;

- The participant has moved out of the area;

- The provider has dismissed the participant;

- The participant has died;

Non-residential / Outpatient Services: The participant has <u>not</u> had at least one face to face service within the last 30 days.

Residential or Day-Program Services: The participant has been absent from his/her residential or day program services without leave for seven consecutive days.

Methadone Detoxification: The participant has missed appointments for three or more consecutive days without notifying the program.

Methadone Maintenance: The participant has missed appointments for two weeks or more without notifying the program.

ITEM 29
DISCHARGE STATUS

Enter the code which best describes the participant's status in relation to his/her recovery plan or treatment goals at the time of discharge.

Code

      1   <u>Completed treatment/recovery plan and/or goals</u>

               The participant has successfully completed his/her recovery plan and has met the major goals set forth in that plan. The participant is not being referred or transferred to any other alcohol or drug program.

      2   <u>Left before completion with satisfactory progress</u>

               The participant did not complete the program, but was in recovery services long enough to (in the judgment of the provider's staff) have made significant progress toward achieving the goals set forth in his/her recovery plan. This participant is not being referred or transferred to any other alcohol or drug program.

      3   <u>Left before completion with unsatisfactory progress</u>

               The participant has dropped out of or has been dismissed from recovery services at this facility.

      4   <u>Referred or transferred for further drug/alcohol treatment/recovery</u>:

               The participant has been referred or transferred to another program or facility **to continue recovery services.**

ITEM 30
EMPLOYMENT STATUS

Enter the code that describes the participant's current employment status at the time of discharge. (For definitions of the following codes, see page 8.

Codes

      1   Employed full time (35 or more hours/week)
      2   Employed part time (more than 5 hours and less than 35 hours/week)
      3   Unemployed (looking for work)
      4   Not in the labor force (not seeking employment)

ITEM 31
ALCOHOL/DRUG PROBLEM (AT DISCHARGE)

Using the codes listed below, enter the participant's alcohol/drug problems at discharge. These codes may or may not be the same as at the time of admission.

Primary

> Enter the code for the substance that has been determined to cause the greatest dysfunction to the participant at the time of discharge. If there is only one problem, it is automatically primary.

Secondary

> Enter the code for the substance that has been determined to cause the second greatest dysfunction to the participant at the time of discharge. If none enter 22.

Tertiary

> Enter the code for the substance that has been determined to cause the third greatest dysfunction to the participant at the time of discharge. If none enter 22.

Codes

01	Heroin
02	Alcohol
03	Barbiturates: Phenobarbital, Seconal, Nembutal, etc
04	Other Sedatives or Hypnotics: Chloral hydrate, Placidyl, Doriden, etc
05	Methamphetamines
06	Other Amphetamines: Benzedrine, Dexedrine, Preludin, Ritalin, and any other amines
07	Other Stimulants
08	Cocaine/Crack
09	Marijuana/Hashish: THC
10	PCP
11	Other Hallucinogens: LSD, DMT, STP, mescaline, psilocybin, peyote, etc
12	Tranquilizers (Benzodiazepine): Diazepam, Flurazepam, Chlordiazeposice, Clorazepate, Lorazepam, Alprazolam, Oxazepam, Temazepam, Prazepam, Riazolam, Clonazepam, and Halazepam
13	Other Tranquilizers
14	Non-Prescription Methadone
15	Other Opiates and Synthetics: codeine, Dilaudid, morphine, Demerol, opium, and any other drug with morphine-like effects
16	Inhalants: ether, glue, chloroform, nitrous oxide, gasoline, paint thinner, etc.
17	Over the counter: cough syrup, Sominex, and any other legally obtained, non-prescription medication
21	Other: write in the type of drug
22	None

The use of methadone that is obtained by legal prescription and used as prescribed is not to be considered a drug problem. Nicotine and/or caffeine are not to be identified as an alcohol or drug problem.

ITEM 32
WAS THIS PARTICIPANT PREGNANT ANYTIME DURING THIS TREATMENT/RECOVERY EPISODE?

Enter 1 if the participant is known to have been pregnant at any time between the date of admission and the date of discharge recorded on this form; regardless of the outcome of the pregnancy.

Enter 2 if the participant is a male or if the participant was not pregnant at any time during this treatment/recovery episode.

CODED REMARKS:

Please refer to page 18 for instructions for completing Perinatal Services Network (PSN) coded remarks Box 18.

PROVIDER SUMMARY REPORT

The Provider Summary Report (PSR):

- Serves as a cover sheet for submitting each month's batch of CADDS Participant Record (PR) forms.

- Provides data on the number of participants receiving various treatment/recovery services in each facility at the end of the month.

- Must be submitted by every facility participating in CADDS, whether or not the facility has PR forms to submit for the month.

- Provides verification that the PSR and PR forms contain complete and accurate data.

Item 1
Provider ID

Enter the 7-digit Provider ID assigned to this facility by ADP. The Provider ID consists of three parts: Program, County, and Facility ID. This is the same as the Provider ID entered on the CADDS PR forms.

Item 2
Report Month

Enter the month and the year in which the data was collected as MMYY (i.e.: report month July 2002 would be 07 02). CADDS data are submitted at the beginning of the month following the report month.

Item 3
Methadone Census

Enter the number of participants actively enrolled in methadone detoxification and maintenance treatment on the last day of the report month. The participants counted here are also included in Item 4 (Participant Census).

Item 4
Participant Census

Facilities should conduct a census of active participants on the last day of each month. A participant should be counted only if he/she meets the criteria for inclusion in CADDS.

Enter the actual number of participants actively enrolled in the facility as of the last day of the report month. This report is counted by type of service.

If a participant has received more than one type of service at this facility during the report month, the participant should be counted in the type of service they were receiving on the last day of the report month. Note: Codependents/Significant others are entered on a separate line and are not separated by service category.

Provider Information

Enter the provider information as directed on the form (name, address, etc.).

Item 5
Participant Records Submitted for this Report Month

Enter the number of admission PR forms (including codependent/significant other) and discharge PR forms (if applicable) submitted with this PSR.

➪➪➪ **NOTE**: If you determine that the Participant Census (Item 4) reported on a previous month's PSR is incorrect, submit a corrected PSR. Using a new PSR form, check the box indicating it is a correction, enter the provider ID in Item 1, the report month of the PSR you wish to correct in Item 2, and complete the Participant Census (Item 4) with the corrected figures. Complete item 3 (methadone census) if applicable. Complete the Provider information (name, address, etc.), obtain the required signature and forward the corrected PSR to ADP.

INSTRUCTIONS FOR CADDS ADMISSION AND DISCHARGE CORRECTIONS

All hard copy corrections to a CADDS Admissions or Discharges are made on a Blue Participant Record Correction/Deletion form (ADP 7360). To correct a CADDS admission or discharge record after the original form has been submitted and processed:

1. Check one of the boxes on the upper left-hand side to show whether you are correcting an admission or a discharge.
   ⇨⇨ **NOTE: Do not use the "Delete" boxes.**

2. Complete Item 1 – write the Form Serial Number that was on the original admission or discharge record you will be correcting.

3. Complete Item 2 – write your 7-digit CADDS Provider ID (Program Type, County and Facility).

4. Complete only the data item(s) that need to be corrected. For example, if only the Date of Birth needs to be corrected, write the month, day and year of birth in Item 3 and leave the rest of the form blank.

5. Submit the correction form with your next monthly reports.

⇨⇨ **NOTE:** After an admission and discharge are matched in the CADDS System, data cannot be corrected.

Codependent Corrections

To change an admission from codependent "Yes" to "No" (Item 5):

1. Follow the first 3 steps listed above.

2. Complete Item 5 with "2" (not a codependent).

3. Complete Items 17 through 24. This information may have been completed on the original CADDS admission form, but only Items 1 through 16 are processed for codependent admission records and are not recorded in the database.

INSTRUCTIONS FOR SUBMITTING HARD COPY CADDS REPORTS TO ADP

Compile the reports in the following order:

- The original monthly Provider Summary Report

- White Participant Record Admission forms for participants admitted the report month (or earlier)

- Yellow Participant Record discharge forms for participants discharged the report month (or earlier)

- Any correction or deletion transactions for previously submitted Participant Records

➪ ➪ **Place the pink copy of the Participant Record form in each participant's file.**

Mail the entire report in one package. Provide proper packaging to avoid envelopes splitting during shipment. Padded envelopes and boxes have proved reliable in past use. Mail your reports to the following address, clearly identifying that CADDS reports are enclosed:

> Department of Alcohol and Drug Programs
> Data Management Services Section/CADDS
> 1700 K Street
> Sacramento, CA 95814-4037

TO REPLACE A LOST OR DESTROYED DISCHARGE FORM

If a participant's discharge form is lost or destroyed, obtain another set of forms. Discard the white Admission Copy, cross out the preprinted form serial number (FSN) on the yellow Discharge Copy. Write in the FSN that appeared on the original admission submitted. If you do not know the FSN on the admission submitted, call ADP's Data Management Section for assistance. The admission and discharge form serial number for each client's treatment/recovery episode must match.

FORMS AND MANUAL REQUESTS

CADDS Participant Record (PR) and Provider Summary Report (PSR) forms and Instruction Manuals are provided by ADP's Data Management Services Branch. Providers should keep at least a three-month supply of forms on hand. Forms and manuals can be requested from the Data Management Branch.

> Department of Alcohol and Drug Programs
> Data Management Services Branch/CADDS
> 1700 K Street
> Sacramento, CA 95814-4037
> (916) 327-5563

Please allow two weeks for delivery.

➪ ➪ **NEW:**   Providers can now download a copy of the CADDS manual by accessing ADP's website at:

> http://www.adp.ca.gov   or   http://www.adp.cahwnet.gov

COUNTY CODES

01	Alameda	30	Orange
02	Alpine	31	Placer
03	Amador	32	Plumas
04	Butte	33	Riverside
05	Calaveras	34	Sacramento
06	Colusa	35	San Benito
07	Contra Costa	36	San Bernardino
08	Del Norte	37	San Diego
09	El Dorado	38	San Francisco
10	Fresno	39	San Joaquin
11	Glenn	40	San Luis Obispo
12	Humboldt	41	San Mateo
13	Imperial	42	Santa Barbara
14	Inyo	43	Santa Clara
15	Kern	44	Santa Cruz
16	Kings	45	Shasta
17	Lake	46	Sierra
18	Lassen	47	Siskiyou
19	Los Angeles	48	Solano
20	Madera	49	Sonoma
21	Marin	50	Stanislaus
22	Mariposa	52	Tehama
23	Mendocino	53	Trinity
24	Merced	54	Tulare
25	Modoc	55	Tuolumne
26	Mono	56	Ventura
27	Monterey	57	Yolo
28	Napa	58	Yuba/Sutter
29	Nevada		